

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 27 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 564127 (9)**  
 1. Corporation Name  
**SIEGFRIED, RIVERA, LERNER, DE LA TORRE & SOBEL, P.A.**



Principal Place of Business  
**201 ALHAMBRA CIR 1102 CORAL GABLES FL 33134**

Mailing Address  
**201 ALHAMBRA CIR 1102 CORAL GABLES FL 33134-5108**

3. Date Incorporated or Qualified **12/02/1977** 3a. Date of Last Report **03/18/1996**

4. FEI Number **59-1777539** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**SIEGFRIED, STEVEN M.  
 201 ALHAMBRA CIRCLE, SUITE 1102  
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIEGFRIED, STEVEN M</b>	1.2 NAME	<b>Edward H Peter H</b>
STREET ADDRESS	<b>201 ALHAMBRA CIR 1102</b>	1.3 STREET ADDRESS	<b>201 Alhambra Circle, Suite 1102</b>
CITY - ST - ZIP	<b>CORAL GABLES, FL 0</b>	1.4 CITY - ST - ZIP	<b>Coral Gables, FL 33134</b>
TITLE	<b>DTV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RIVERA, OSCAR R.</b>	2.2 NAME	<b>Arias, Maria Victoria</b>
STREET ADDRESS	<b>201 ALHAMBRA CIR 1102</b>	2.3 STREET ADDRESS	<b>201 Alhambra Circle Suite 1102</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	2.4 CITY - ST - ZIP	<b>Coral Gables, FL 33134</b>
TITLE	<b>DSV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LERNER, LISA A.</b>	3.2 NAME	
STREET ADDRESS	<b>201 ALHAMBRA CIR 1102</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE LA TORRE, HELIO</b>	4.2 NAME	
STREET ADDRESS	<b>201 ALHAMBRA CIR 1102</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOBEL, STUART H</b>	5.2 NAME	<b>Sobel, Stuart H.</b>
STREET ADDRESS	<b>201 ALHAMBRA CIR 1102</b>	5.3 STREET ADDRESS	<b>201 Alhambra Circle, Suite 1102</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	5.4 CITY - ST - ZIP	<b>Coral Gables, FL 33134</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Oscar R. Rivera** 3/18/97 442-3334  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)